

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		SET ASIDE <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT		TYPE: SB		PAGE OF PAGES	
1. REQUEST NO. DTFANM-12-Q-00191		2. DATE ISSUED 8/27/20		3 REQUISITION/PURCHASE REQUEST NO. SO-12-002379		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1 →	
5a. ISSUED BY						6. DELIVER BY (Date)	
5B. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY OTHER	
NAME Kevin O'Hara			TELEPHONE NUMBER			<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> (SEE SCHEDULE)	
			AREA CODE 425		NUMBER 227-2869		
8. TO BE COMPLETED BY QUOTER:						9. DESTINATION	
a. NAME			b. COMPANY			a. NAME OF CONSIGNEE FAA INformation Techl	
c. STREET ADDRESS						b. STREET ADDRESS 1601 Lind Ave SW	
d. CITY						c. CITY Renton	
e. STATE WA			f. ZIP CODE 98057				
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)				IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.			
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached Spreadsheet						
12. DISCOUNT FOR PROMPT PAYMENT OFFERED		a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)	
						d. CALENDAR DAYS NUMBER PERCENTAGE	
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.							
13. NAME AND ADDRESS OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION	
a. NAME OF QUOTER							
b. STREET ADDRESS							
c. COUNTY				16. SIGNER			
				a. NAME (Type or print)		b. TELEPHONE	
						AREA CODE	
d. CITY		e. STATE		f. ZIP CODE		c. TITLE (Type or print)	
						NUMBER	